

ity rapidly disappeared when produced under circumstances of this kind. She soon managed to regain her speech, and in a short time admitted that the whole narrative had been developed out of her inner consciousness. Eccentricity in relatives is ever strongly presumptive of self-deception, when a female makes any statement or charges of ill-treatment of any kind. The constant fear of assassination, especially if based on reasonable grounds, is particularly liable to predispose nervous or excitable subjects to extraordinary delusions of this kind. The alleged attempt at assassination in the case of Lady Florence Dixie by Fenians has in all probability this origin. The explanation given of these delusions was advanced in this JOURNAL, July, 1880.

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EXECUTIONS OF LUNATICS, AND MURDERS.—*Gaillard's Medical Journal* (March 31, 1883) says, commenting editorially on this subject: "The opinion is very generally expressed that the execution of lunatics has a tendency to deter other lunatics from murder. From an alienistic stand-point this cannot be defended, since every lunatic looks upon himself as the centre of the universe, and his act as *sui generis*. Certain statistics recently collected by Dr. Guy (*Journal of Mental Science*, July, 1882) still further show the fallacy of such opinions. The year after the execution of Bellingham, an admitted lunatic, the number of murders was double what it had been previously, and many of these were committed by lunatics. The same phenomenon was observed for three succeeding years. On the other hand, the acquittal of two lunatics did not have any effect in increasing the number of murders. Executions of lunatics have incited other lunatics to commit murder as an indirect means of committing suicide."

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ALTERNATION, PERIODICITY, AND RELAPSE IN MENTAL DISEASE.—Dr. T. S. Clouston (*Edinburgh Medical Journal*, July, 1882) has recently discussed at length this question, more especially in relation to the subject, so much mooted at present, of circular insanity. He says that a careful clinical study of mental diseases reveals the fact that there exists in by far the majority of all the acute cases, at some time or other, in some form or degree, in the course of the disease, a tendency to alternation, periodicity of symptoms, remissions, or recurring relapses. Of the three hundred and thirty-eight cases of mental disease admitted to Morning-side Asylum in 1881—one hundred and eighty-one of them being cases of mania, and one hundred and twenty-nine of melancholia, the rest being general paralysis, dementia, etc.—there was in eighty-one of the female cases, or forty-six per cent. in that sex, and in sixty-seven of the men, or forty per cent. of that sex, relapse, alternation, or periodicity of symptoms in the course of their diseases. Many of the three hundred and thirty-eight admissions were chronic on admission, so that of the recent cases the decided

majority showed those symptoms. Fifty of the one hundred and twenty-nine cases of melancholia, or thirty-nine per cent., and ninety-eight of the one hundred and eighty-one cases of mania, or fifty-four per cent., were alternating or relapsing, or showed diurnal, or monthly, or seasonal, or sexual periodicity. It may therefore be concluded that insanity in the female sex has more of this character than in men, and that the cases of mania have it to a greater degree than those of melancholia. In some cases it was a morning aggravation and evening improvement, those being usually cases of melancholia ; in a few cases of melancholia it was an evening aggravation. Of the chronic incurable cases, about forty per cent. were subject to aggravations. The stronger the heredity the greater the aggravation. He has never seen a single case of typical *folie circulaire* where there was not hereditary predisposition to insanity. It seems as if there were certain brains so constituted as to be incapable of energizing, except irregularly swinging between elevation and depression, like a bad electric light. The above facts and statistics refer to ordinary remissions ; but the cases with such regular and continuous alternations as to be properly called *folie circulaire* are infrequent. Out of eight hundred patients now in the asylum at Morningside there are only sixteen of this kind, or two per cent., and of the last three thousand new admissions, comprising about two thousand fresh cases of insanity, less than ten have as yet turned out of this character. But the cases are not included which have merely long remissions, or cases with relapses for the first year or two, or the demented cases with occasional spurts of excitement, or the women with a few irritable days at menstruation, though many of these are of the same essential nature as the most typical cases of *folie circulaire*, following the same laws of perverted physiological periodicity in an irregular way. Dr. Clouston has had under observation altogether about forty cases of typical *folie circulaire*. Of these about one half followed a more or less regular monthly periodicity. About one third obeyed the law of seasonal periodicity, all in an irregular way ; and the remaining sixth could be brought under no known law on account of their irregularity. One case, a lady, was for a year deeply depressed, then for several years quite well, then for seven years more deeply depressed, then for three months passed for sane, but was really mildly exalted, then was depressed for a year, has been exalted with all the typical symptoms of typical *folie circulaire* for two years. Though there are a few cases that begin with attacks of melancholia, yet in Dr. Clouston's experience, at least ninety per cent. begin with attacks of maniacal exaltation. The ages of the patients on the first breaking out of the disease were all the way from fifteen to seventy-four, but every one, except the one, began within the actively sexual and procreative period of life. He has no record of a woman beginning after the climacteric period.

As the termination of typical *folie circulaire* cannot be accurately determined till after the patients have died, it is impossible to give

accurate figures, but of forty cases, five ceased to be subject to alternation in old age after sixty, one being after eighty, two being women, and the men all left in a condition of mind and brain that might be legally reckoned insanity, though in all cases there were some mental enfeeblement and a tendency to be easily upset, lethargy, and a want of spontaneity and volitional power. Another case terminated in complete dementia. Two died of exhaustion during a maniacal period. Three things are sure about the prognosis: 1, its utter uncertainty; 2, recovery cannot be looked for at the climacteric period in many cases; 3, about twenty per cent. may be expected to settle down into a sort of quiet, comfortable, slightly enfeebled condition in the senile period of life. Very few indeed become completely demented, though two have run on into chronic mania. The tendency to death is very slight. Dr. Clouston found on autopsy the usual secondary changes consequent upon fluxionary conditions, and regards the psychosis as one dependent on dynamic or bio-chemical changes.

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RESTRAINT AND SECLUSION.—Dr. C. H. Nichols (*New York Medical Journal*, March 31, 1883) believes that neither mechanical restraint nor seclusion should ever be resorted to unless, in the opinion of a competent and responsible medical officer, protection in particular cases against violence, exhaustive activity, the removal of surgical dressings, etc., can be effected more easily, completely, and beneficially to the patient than by either the hands of attendants, medicinal agents, showers and douches (inadmissible except in a very limited number of cases), or "packs," wet or dry, obviously a very positive form of mechanical restraint, though their therapeutical advantages may now and then be superior to any substitute for them; but that it is the practitioner's duty to resort to mechanical restraint or seclusion whenever it is needed for the reasons stated. The actual practice in the use of restraint varies more or less in different institutions, and is governed, as other measures of treatment are, by the training and character of the medical officers in charge, the opinion and support of the trustees, the number and character of the patients with respect to the extent and quality of their accommodations, the proportion of attendants to patients, the scale of expenditure, and other agencies of treatment. The restraint needed in any institution will vary greatly with the varying conditions of the patients. While entirely unwilling to be governed by a prohibitory dogma or an arbitrary proportion to patients in the use of restraint, Dr. Nichols is of the opinion that only exceptional circumstances justify its average use in more than two or three per cent. of the cases under treatment. The effort was made last year to see how far restraint or seclusion could be reduced without violating the principles laid down, and on the men's side of the house restraint with the camisole or the bed-strap, or by seclusion, was resorted to in the course of the year in only eleven different cases (once in three